

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18232
Registrar's No. 45

FILED JUN 8 1943

Registration District No. 2

Primary Registration District No. 3034

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jalapeño
(b) City or town Higginsville
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mathilda Klein
3. (b) If veteran, name war: No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Name of husband John Klemm 6. (b) Single, widowed, married, divorced Married
7. Birth date of deceased Sept 30 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 27 hr. min.

9. Birthplace Roll Camp Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business
12. Name Henn Feldmann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Martha Wagnke
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Klein
(b) Address Higginsville Mo
17. (a) Burial (b) Date thereof May 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director W.A. Bracklein
(b) Address Higginsville Mo
19. (a) 5-24-1943 (b) Dr. W.A. Bracklein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jalapeño
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1943 hour 6 minute A M.
21. I hereby certify that I attended the deceased from May 12 1943 to May 22 1943
that I last saw her alive on May 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to Cerebral hemorrhage
Due to 830
Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: —
Of operations: —
Of autopsy: —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? — (Specify type of place) (e) Means of injury —
23. Signature Charles E. Clark (M. D. or other) M.D.
Address Higginsville Mo Date signed 5/22/43

188 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-2-43

FEB 23 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address *Higginsville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.